

Little Doodie's Home Childcare
Emergency Contact Calling List

Child's Full Name: _____

Child's date of birth: _____

(Print) Parent/Guardian Name: _____

(signature / date)

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I understand that the emergency contacts listed below will be called. However, I hereby authorize Little Doodie's home childcare to call and ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. I understand the faculty in the basics of first aid and CPR and I authorize them to give my child first aid. To ensure the children's safety, Little Doodie's home childcare will release a child only to the parent or legal guardian who have signed this form and to those listed below as undersigned by the parent / guardian.

By signing this form, I understand the Little Doodie's home childcare will not release my child to any other person unless I notify them in advance, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form, I must notify Little Doodie's verbally.
- If the person picking up my child is **NOT** listed on this form, I must notify Little Doodie's in writing.
- Photo identification will be required of any person picking up my child.

Priority: (name, relationship, home, work and cell phone numbers)

Example: 1- Kim (sister) hm 456-7890 wk 555-5555 cell 987-6543

1- _____

2- _____

3- _____

4- _____

5- _____

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(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Signature) (Date)

